

Opt In for Health Coverage



- Submit this form *within 30 days* of loss of other benefit coverage (or sooner) to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598, or fax it to 206-684-1925.
- If you're a part-time Local 587 employee self-paying for coverage, call Benefits and Retirement Operations for information about additional opt back in options available to you.
- Questions? Go to www.metrokc.gov/finance/benefits, e-mail kc.benefits@metrokc.gov or call 206-684-1556.

Indicate the coverage you lost and date it ended

<input type="checkbox"/> Medical	Plan name _____	Coverage end date _____
<input type="checkbox"/> Dental	Plan name _____	Coverage end date _____
<input type="checkbox"/> Vision	Plan name _____	Coverage end date _____

Indicate through whom you had the coverage and the reason it ended

<input type="checkbox"/> Another employer	Name _____	Phone (_____) _____
	Reason coverage ended _____	
<input type="checkbox"/> Family member	Name _____	Relationship to you _____
	Reason coverage ended _____	
<input type="checkbox"/> Other provider	Name _____	
	Reason coverage ended _____	

Indicate your plan if you're opting in for medical

☐ KingCare Basic ☐ KingCare Preferred ☐ Group Health

If you're a regular employee, full-time Local 587 employee or a part-time Local 587 employee in Plan 2, opting back in for medical automatically opts you back in for dental and vision (if you don't already have the dental and vision coverage).

If you're a part-time Local 587 employee in Plan 1 or 3

If you're a part-time Local 587 employee in Plan 1/3 and want to opt back in for dental and vision, you must opt back in for each separately.

Do you want to opt back in for dental? ☐ Yes ☐ No Do you want to opt back in for vision? ☐ Yes ☐ No

You pay monthly premiums for health coverage (medical, dental and vision) and must indicate how you want the premiums deducted from your pay check. – before-tax or after-tax. If you're not familiar with the before-tax and after-tax premium payment plans, refer to the Plan 1 New Hire Guide at www.metrokc.gov/finance/benefits or contact Benefits and Retirement Operations at 206-684-1556 for details.

How do you want your health plan premiums deducted from your pay check? ☐ Before-tax ☐ After-tax

Authorize your change

I lost coverage and want to enroll for health coverage outside regular open enrollment. I understand my request must be submitted within 30 days of loss in coverage and county coverage will begin on the first of the month following the month coverage is lost. If the conditions of my employment require me to pay monthly premiums, I understand I must pay them retroactive to the date my county coverage begins.

Employee signature _____	Date signed _____
Printed name _____	Contact phone (_____) _____
Paid <input type="checkbox"/> 5 th and 20 th ea month <input type="checkbox"/> Every other Thursday PeopleSoft ID or Soc Sec No _____	

Office use only	Date received	Processed by	Audited by	Date effective